Ower or or arrivers OF COWN Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control nu Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 10658019 CLAIMS'AS FILED - PART I OTHER THAN OR SMALL ENTITY (Column 1) SMALL ENTITY (Column 2) **NUMBER FILED** NUMBER EXTRA FOR RATE FEE RATE FEI **BASIC FEE** (37 CFR 1.16(a)) OR **TOTAL CLAIMS** (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST **PRESENT** REMAINING NUMBER RATE ADDI-RATE ADD **AMENDMENT** AFTER **EXTRA PREVIOUSLY** TIONAL TION PAID FOR **AMENDMENT** FEE FEE Total Minus = (37 CFR 1.16(c)) OR Independent Minus = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST RATE ADDI-RATE **ADDI** TIONAL TIONA FEE FEE OR X S OR OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE ٠:

| ENT B | 1/25/05 | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
|----------|---|---------------------------------|-------|----------------------------------|---------------|--|
| DME | Total (37 CFR 1.16(c)) | 16 | Minus | 20 | - | |
| AMENDMEN | Independent (37 CFR 1 16(b)) | (3) | Minus | ··· 3 | = | |
| A | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(d)) | | | | | |

| | | (Column 1) | (Column 2) | (Column 3) | | |
|-----------|---|---|------------|---|------------------|--|
| ENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
| | Total (37 CFR 1.16(c)) | • | Minus | | = | |
| | Independent (37 CFR 1,16(b)) | • | Minus . | ••• | n. | |
| AME | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | |

| RATE | ADDI- TIONAL FEE | | RATE | ADDI TIONA FEE |
|--------------------|------------------------|----|--------------------|----------------------|
| x \$= | | OR | x \$= | |
| x \$= | | OR | x \$= | |
| + 5= | | OR | + \$= | |
| TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 - The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.